



## COMMUNITY WORK SERVICE HOURS TIME SHEET

Name: \_\_\_\_\_ Court /Case#: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

**I declare under penalty of perjury under the laws of California that this statement is true and correct.**

\_\_\_\_\_  
Signature of Site Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Service Worker's Signature

\_\_\_\_\_  
Date

